## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

03500.017853.

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			56		1			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			98 min	nus 20=	* 78			X\$ 9=		OR	X\$18=	YOU
<u> </u>	DEPENDENT C		100	inus 3 =	* 9			X43=		OR	X86=	774
_		NDENT CLAIM P			<u> </u>			+145=		OR	+290=	096
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	3238	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	,	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL		اريا	TOTAL	
		Д	DDIT. FEE		] • ,	ADDIT. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43= .		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
							. A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n <sup>.</sup> 2)	(Column 3)			•	•		·
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		<b>=</b>		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	┟	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.5		1		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
[1	tne "Highest Nur he "Highest Num	nber Previously Paid ber Previously Paid	id F r IN THIS For (Total or	S SPACE is Independen	less than	n 3, enter "3." highest number			opriat box			